SUNRISE CARE CENTER, INC. 3540 SOUTH 43RD STREET

Number of Residents on 12/31/02:

MILWAUKEE

Operated from 1	./1 To 12/31	Days of Operation:	365
Operate in Conju	nction with Hos	spital?	No
Number of Beds S	Set Up and Staff	fed (12/31/02):	99
Total Licensed B	ed Capacity (12	2/31/02):	99

Phone: (414) 541-1000

53220

Ownership: Non-Profit Corporation Highest Level License: Skilled Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 98

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %				
Home Health Care	No	 Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	27.6
Supp. Home Care-Personal Care	No					1 - 4 Years	37.8
Supp. Home Care-Household Services	No	Developmental Disabilities	2.0	Under 65	8.2	More Than 4 Years	34.7
Day Services	No	Mental Illness (Org./Psy)	20.4	65 - 74	14.3		
Respite Care	No	Mental Illness (Other)	8.2	75 - 84	39.8		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	31.6	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.1	Full-Time Equivale	nt
Congregate Meals	No	Cancer 4.1			Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.1		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	11.2	65 & Over	91.8		
Transportation	No	Cerebrovascular	24.5			RNs	8.8
Referral Service	No	Diabetes	3.1	Sex	용	LPNs	8.9
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	23.5	Male	30.6	Aides, & Orderlies	41.1
Mentally Ill	No			Female	69.4		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0	1	
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Method of Reimbursement

		edicare			edicaid			Other			Private Pay	:		amily Care			anaged Care	! 		
Level of Care	No.	o _l o	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	6	100.0	314	74	98.7	118	0	0.0	0	17	100.0	193	0	0.0	0	0	0.0	0	97	99.0
Intermediate				1	1.3	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		75	100.0		0	0.0		17	100.0		0	0.0		0	0.0		98	100.0

SUNRISE CARE CENTER, INC.

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12,	/31/02
Deaths During Reporting Period							
				!	% Needing		Total
Percent Admissions from:	1	Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	2.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.1	Bathing	0.0		66.3	33.7	98
Other Nursing Homes	16.3	Dressing	6.1		70.4	23.5	98
Acute Care Hospitals	75.5	Transferring	19.4		53.1	27.6	98
Psych. HospMR/DD Facilities	0.0	Toilet Use	14.3		53.1	32.7	98
Rehabilitation Hospitals	0.0	Eating	56.1		32.7	11.2	98
Other Locations	2.0	* * * * * * * * * * * * * * * * * * * *	*****	****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	49	Continence		%	Special Treat	ments	용
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	11.2	Receiving R	espiratory Care	9.2
Private Home/No Home Health	4.3	Occ/Freq. Incontinent	t of Bladder	54.1	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	13.0	Occ/Freq. Incontinent	t of Bowel	28.6	Receiving S	uctioning	0.0
Other Nursing Homes	4.3					stomy Care	2.0
Acute Care Hospitals	32.6	Mobility			Receiving T	ube Feeding	4.1
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0.0	Receiving M	echanically Altered Diets	s 24.5
Rehabilitation Hospitals	0.0						
Other Locations	6.5	Skin Care			Other Residen	t Characteristics	
Deaths	39.1	With Pressure Sores		2.0	Have Advanc	e Directives	96.9
Total Number of Discharges		With Rashes		10.2	Medications		
(Including Deaths)	46				Receiving P	sychoactive Drugs	71.4

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************************************ Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:			
	This	Nong	profit	50	-99	Ski	lled	Al	1	
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities	
	%	90	Ratio	୧	Ratio	olo	Ratio	90	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	99.0	85.6	1.16	86.7	1.14	84.2	1.18	85.1	1.16	
Current Residents from In-County	93.9	88.1	1.07	90.3	1.04	85.3	1.10	76.6	1.22	
Admissions from In-County, Still Residing	46.9	23.6	1.99	20.3	2.32	21.0	2.23	20.3	2.31	
Admissions/Average Daily Census	50.0	134.2	0.37	186.6	0.27	153.9	0.32	133.4	0.37	
Discharges/Average Daily Census	46.9	140.2	0.33	185.6	0.25	156.0	0.30	135.3	0.35	
Discharges To Private Residence/Average Daily Census	8.2	46.8	0.17	73.5	0.11	56.3	0.14	56.6	0.14	
Residents Receiving Skilled Care	99.0	90.1	1.10	94.8	1.04	91.6	1.08	86.3	1.15	
Residents Aged 65 and Older	91.8	96.3	0.95	89.2	1.03	91.5	1.00	87.7	1.05	
Title 19 (Medicaid) Funded Residents	76.5	52.8	1.45	50.4	1.52	60.8	1.26	67.5	1.13	
Private Pay Funded Residents	17.3	34.8	0.50	30.4	0.57	23.4	0.74	21.0	0.82	
Developmentally Disabled Residents	2.0	0.6	3.28	0.8	2.72	0.8	2.54	7.1	0.29	
Mentally Ill Residents	28.6	35.2	0.81	27.0	1.06	32.8	0.87	33.3	0.86	
General Medical Service Residents	23.5	23.7	0.99	27.0	0.87	23.3	1.01	20.5	1.15	
Impaired ADL (Mean)	53.5	50.5	1.06	48.9	1.09	51.0	1.05	49.3	1.08	
Psychological Problems	71.4	54.7	1.31	55.5	1.29	53.9	1.32	54.0	1.32	
Nursing Care Required (Mean)	6.5	7.2	0.90	6.8	0.96	7.2	0.90	7.2	0.90	